

Work Order ID 58579

Wednesday, May 12, 2010 8:26:10 AM



Page 1

Item ID: D3913-7

Accept



Setup Start



Revision ID:

Stop



Item Name: Rib

Start Date: 5/12/2010 Start Qty: 6.00



Cust Item ID:

Required Date: 5/14/2010 Req'd Qty: 6.00



Customer:

Reference:

Approvals: Process Plan: mf Date: 10-5-12

Tooling:

Date:

Run Start



QC: Date:

SPC (Y/N):

Date:

Stop



| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Draw Number | Draw Rev. | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--------------------------|----------------------|----------------|--------------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|----------------|--------------|--------------|---------------|---------------|------------------|----------------|

Draw Nbr

Revision Nbr

D3913

A

100

0.00



Large Fab

Memo

0.00

Large Fab

1- Cut tube as per dwg D3913
2- remove identification marks and deburr

SAD

10-05-12

6

110

0.00



QC

QC5- Inspect part completeness to step on W/O

Memo

0.00

Quality Control

Sokoloski

6x

120

0.00



Packaging

Identify as per dwg & Stock Location:

Basket 44

Memo

0.00

Packaging

10/05/17 6x

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
| | | | | | | | |
| | | | | | | | |

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

| NCR: | | WORK ORDER NON-CONFORMANCE (NCR) | | | | | | |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC Section A | Corrective Action Section B | | | Verification Section C | Approval Chief Eng | Approval QC Inspector |
| | | | Initial Chief Eng | Action Description Chief Eng | Sign & Date | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

NOTE: Date & initial all entries

Wednesday, May 12, 2010 8:26:10 AM



Accept

**Setup Start**

Item Name: Rib

Stop



Start Date: 5/12/2010 **Start Qty:** 6.00

**Cust Item ID:**

Required Date: 5/14/2010 **Req'd Qty:** 6.00



Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop

Sequence ID/
Work Center ID

Operation Description

Set Up/ Run Hours

**Draw
Number**

**Draw
Rev.**

Plan Code

Accept
Qty

Reject
Qty

Reject Number

**Insp.
Stamp**

130

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

10/05/17 J
PS 10-5-17
(4)

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
| | | | | | | | |
| | | | | | | | |

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

| NCR: | | WORK ORDER NON-CONFORMANCE (NCR) | | | | | | |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC Section A | Corrective Action Section B | | | Verification Section C | Approval Chief Eng | Approval QC Inspector |
| | | | Initial Chief Eng | Action Description Chief Eng | Sign & Date | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

NOTE: Date & initial all entries

Picklist Print

Wednesday, May 12, 2010 8:26:09 AM

Page 1

Work Order ID: 58579

Parent Item: D3913-7

Parent Item Name: Rib


Comments: IPP Rev:A new issue DD 10.03.19 verified by:EC

Start Date: 5/12/2010

Required Date: 5/14/2010

Start Qty: 6.00

Required Qty: 6.00

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Qty Issued | Date Issued | Status |
|---|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|---------------|----------------|--------|
| M304TS0.500W.049 | | Purchased | No | | | 100 | f | 69.3421 | 1.594 | | | |
|  | | | | | | | | | | | | |
| Square Tubing | | | | | | | | | | | | |



SAD 10-05-12

Location

Loc Qty

Loc Code

MAT

49.8115

114426

49.8115

MAT018

19.5306

114004

3.5

114161

16.0306

4 X (1.594)

2 X (1.594)

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
| | | | | | | | |
| | | | | | | | |

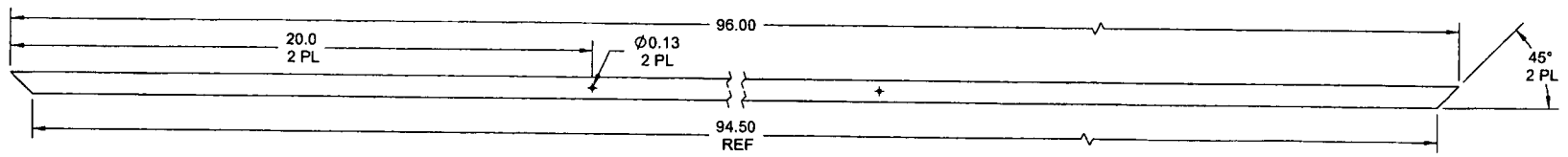
Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

| NCR: | | WORK ORDER NON-CONFORMANCE (NCR) | | | | | | |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC Section A | Corrective Action Section B | | | Verification Section C | Approval Chief Eng | Approval QC Inspector |
| | | | Initial Chief Eng | Action Description Chief Eng | Sign & Date | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

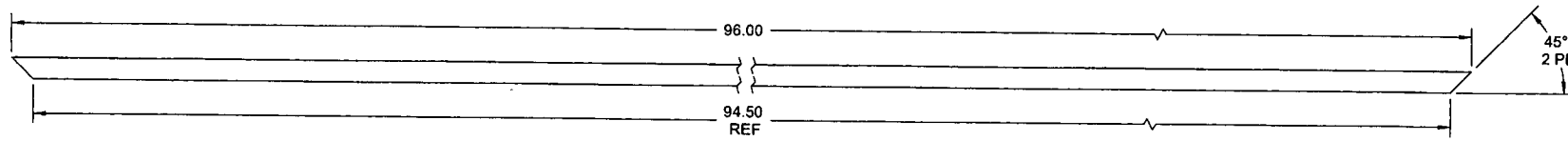
NOTE: Date & initial all entries

8 7 6 5 4 3 2 1

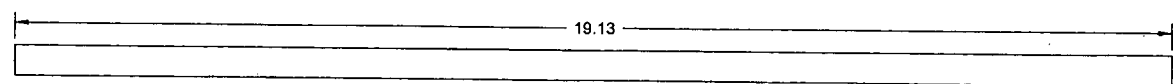


D3913-1 RIB

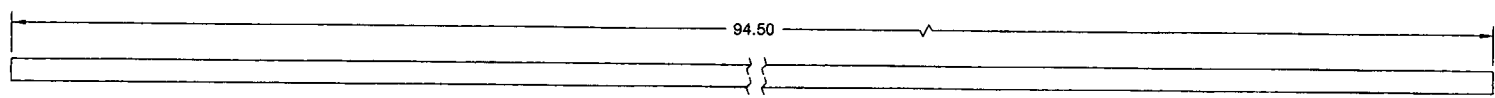
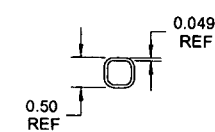
#58579



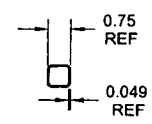
D3913-3 RIB



D3913-7 RIB



D3913-9 HINGE RIB



NOTES:

- 1) MATERIAL -1, -3, -9: AISI 304/316 STAINLESS STEEL SQUARE TUBE, 0.75 X 0.75 X 0.049 WALL
REF DART SPEC. M304TS0.750W.049
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: SEE ASSEMBLED WEIGHTS

-7: AISI 304/316 STAINLESS STEEL SQUARE TUBE, 0.50 X 0.50 X 0.049 WALL
REF DART SPEC. M304TS0.500W.049

RELEASED
2010-03-22

| | | | |
|---|---------------|--|--------------|
| DESIGN | AJS | DART AEROSPACE LTD | |
| DRAWN | JPH | HAWKESBURY, ONTARIO, CANADA | |
| CHECKED | JS | DRAWING NO. | REV. A |
| MFG. APPR. | JS | D3913 | SHEET 5 OF 6 |
| APPROVED | JS | TITLE | SCALE |
| DE APPR. | JS | LONG BASKET BASE ASSY (350) | NTS |
| DATE | 10.03.16 | COPYRIGHT © 2010 BY DART AEROSPACE LTD | |
| THIS DOCUMENT IS PRELIMINARY AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD | | | |

8 7 6 5 4 3 2 1

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
| | | | | | | | |
| | | | | | | | |

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

| NCR: | | WORK ORDER NON-CONFORMANCE (NCR) | | | | | | |
|------|------|----------------------------------|--------------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC Section A | Corrective Action Section B | | | Verification Section C | Approval Chief Eng | Approval QC Inspector |
| | | | Initial Chief Eng | Action Description Chief Eng | Sign & Date | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

NOTE: Date & initial all entries